

Diverse Impact of HIV/AIDS- A Systemic Review WORLD AIDS DAY 2019

“Ending the HIV/AIDS Epidemic: Community by Community.

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INTRODUCTION:

World AIDS Day is celebrated on December 1 every year since 1988. It is dedicated to raise awareness, educate and improve the understanding of HIV as a global public health problem. Today, HIV (human immunodeficiency virus) remains one of the largest pandemics in the world. HIV is the same virus that can lead to AIDS (acquired immunodeficiency syndrome). Researchers found the earliest case of HIV in a blood sample of a man from the Democratic Republic of Congo. It's said that the most common form of the virus spread from chimpanzees to humans sometime before 1931, most likely during “bush meat trading.” While hunting chimpanzees, hunters would have come in contact with animal blood. Trusted Source. Before the 1980s, researchers estimate that about 100,000 to 300,000 people were infected with HIV. World Aids Day 2019 theme is “Ending the HIV/AIDS Epidemic: Community by Community. People living with HIV and those who are vulnerable and affected by the epidemic, to reach the goal of universal health coverage.

UNIVERSAL HEALTH COVERAGE IN HIV MEANS

- Leaving no one behind
- Integrated care for HIV, TB, and broader health
- Access to good quality services
- Affordable and long term care for people living with HIV
- Building stronger HIV response for stronger health system

Remarkable progress is being made on HIV treatment. According to a report from UNAIDS (joint United Nations programme on HIV/AIDS) in June 2017, nearly 21 million people living with HIV are now on treatment. In 2000 just 685000 people living with HIV had access to antiretroviral therapy.

In India, there are 2.1 million people living with HIV (2015 report). According to national AIDS control programme, the annual AIDS-related deaths have declined by 54 percent and new HIV infection dropped by 32 percent between 2013 and 2015.

Definition- Acquired immunodeficiency syndrome (AIDS) is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus (HIV).

HIV is a sexually transmitted infection (STI). It can also be spread by contact with infected blood or from mother to child during pregnancy, childbirth or breastfeeding.

Symptoms- Primary infection (Acute HIV)

Most people infected by HIV develop a flu-like illness within a month or two after the virus enters the body. This illness, known as primary or acute HIV infection, may last for a few weeks. Possible signs and symptoms include:

- Fever • Headache • Muscle aches and joint pain • Rash
- Sore throat & painful mouth sores mainly on the neck
- Swollen lymph glands,

Clinical latent infection (Chronic HIV)

In some people, persistent swelling of lymph nodes occurs during this stage. Otherwise, there are no specific signs and symptoms. HIV remains in the body and in infected white blood cells.

Symptomatic HIV infection: Mild infections or chronic signs and symptoms such as:

- Fever • Fatigue • Swollen lymph nodes — often one of the first signs of HIV • Diarrhea • Weight loss
- Oral yeast infection (thrush) • Shingles (herpes zoster)

PROGRESSION TO AIDS

Antiviral treatments, most people with HIV in the U.S. today don't develop AIDS. Untreated, HIV typically turns into AIDS in about 10 years. When AIDS occurs, your immune system has been severely damaged.

Prevention and control of HIV/AIDS- Pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy. There is little scientific consensus about how to measure PrEP program implementation progress. (1) identifying individuals at highest risk for contracting HIV, (2) increasing HIV risk awareness among those individuals, (3) enhancing PrEP awareness, (4) facilitating PrEP access, (5) linking to PrEP care, (6) prescribing PrEP, (7) initiating PrEP, (8) adhering to PrEP, and (9) retaining individuals in PrEP care.

National Aids control programme (NACP) launched in 1992, is being implemented as a comprehensive programme for prevention and control of HIV/AIDS in India from a national response to a more decentralized response and to increasing involvement of NGOs and networks of People living with HIV (PLHIV).

NACP IV, launched in 2012, aims to accelerate the process of reversal and further strengthen the epidemic response in India through a cautious and well defined integration process over the next five years.

NACP-IV COMPONENTS

Component 1: Intensifying and Consolidating Prevention services with a focus on HRG and vulnerable populations.

This component will support the scaling up of TIs with the aim of reaching out to the hard to reach population groups who do not yet access and use the prevention services of the program, and saturate coverage among the HRGs. In addition, this component will support the bridge population, i.e. migrants and truckers. Component 1 includes the following two subcomponents:

Component 2: Expanding IEC services for (a) general population and (b) high risk groups with a focus on behavior change and demand generation IEC has been an important component of the NACP. With the expansion of services for counseling and testing, ART, STI treatment and condom promotion, the demand generation campaigns will continue to be the focus of the NACP-IV communication strategy. IEC will remain an important component of all prevention efforts and will include:

- Behavior change communication strategies for HRGs, vulnerable groups and hard to reach populations
- Increasing awareness among general population, particularly women and youth.

Component 3: Comprehensive Care, Support and Treatment NACP IV will implement comprehensive HIV care for all those who are in need of such services and facilitate additional support systems for women and children affected and infected with HIV / AIDS. It is envisaged that greater adherence and compliance would be possible with wide network of treatment facilities and collaborative support from PLHIV and civil society groups. Additional Centers of Excellence (CoEs) and upgraded ART Plus centers will be established to provide high-quality treatment and follow-up services, positive prevention and better linkages with health care providers in the periphery.

Component 4: Strengthening institutional capacities

The objective of NACP IV will be to consolidate the trend of reversal of the epidemic seen at the national level to all the key districts in India. Programme planning and management responsibilities will be strengthened at state and district levels to ensure high quality, timely and effective implementation of field level activities and desired programmatic outcomes.

Component 5: Strategic Information Management Systems (SIMS) The roll-out of SIMS is ongoing and will be firmly established at all levels to support evidence based planning, program monitoring and measuring of programmatic impacts. The surveillance system will be further strengthened with focus on tracking the epidemic, incidence analysis, identifying pockets of infection and estimating the burden of infection. Research priorities will also be customized to the emerging needs of the program. NACP IV will also document, manage and disseminate evidence and effective utilization of programmatic and research data.

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